

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE - Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-2117

**COSMETOLOGY, ELECTROLOGY,  
ESTHETICS, NAIL TECHNOLOGY  
APPLICATION FOR REVIEW OF A  
CONTINUING EDUCATION PROGRAM  
APPROVED BY ANOTHER STATE**

**SECTION A – Applicant's Name and Address (Please print your name and full address)**

First:	Middle:	Last:
Address:		
City:	State:	Zip

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Check the appropriate response(s) ➡

- ☐ I am a licensee attending the program  
☐ I am the presenter of the program  
☐ I am the provider of the program

Program Category  
(check all that apply):

- ☐ Cosmetology  
☐ Electrology  
☐ Esthetician  
☐ Nail Technology  
☐ Instructor

**SECTION B – Program Information**

1	Name of Program:	
2	Name of State Board that Approved Program:	
<b>A copy of the approval must be submitted with this application</b>		
3	Number of Clock Hours Approved:	
4	Location of Program (City/State):	
5	Date(s) of Program (Month/Day/Year):	

**DEPARTMENT REVIEW:**

Reviewer's Initials: _____ Date Reviewed: _____ Program Number: _____	Comments
---	----------

**SECTION D – Program Agenda**

- ➔ A copy of the program **agenda must be attached** to this request that includes the following information:
- Name of program
  - Number of hours requested
  - Start and end times of each subject
  - Start and end time of all breaks and lunch/dinner
  - Date(s) of program

**SECTION E - Method of Program Attendance Verification**

- ➔ **Attach** a sample copy of the documentation the provider issues to licensees as **proof of attendance** at the. This must include: participant name, name of provider and provider's signature, name of program, date of program, hours earned by participant, and location of program.

Describe the record keeping process the provider uses to verify attendance by the licensees. (Records must be kept at least 3 years)

**SECTION F - Program Monitoring: Indicate the method for monitoring and verifying attendance**

☐ Sign-in/out sheet

☐ Monitor at the door

☐ Other, Explain:

**SECTION G – Presenter/Instructor Information**

- ➔ **Presenter/Instructor #1:** (List below name, education, experience and/or training **that qualifies the individual to present this program**)

First/Middle/Last Name:

License Information

License #:

Profession:

Guest Artist #:

State of Licensure:

**EDUCATION** - Name of Educational Institutions:

**EXPERIENCE** - Type and Nature of Experience:

**TRAINING** - Name of Training Entities:

**Additional presenter/instructor space continued on next page**

➡ <b>Presenter/Instructor #2:</b> (List below name, education, experience and/or training <b>that qualifies the individual to present this program</b> )			
First/Middle/Last Name:			
License Information	License #:	Profession:	Guest Artist #:
	State of Licensure:		
<b>EDUCATION</b> - Name of Educational Institutions:			
<b>EXPERIENCE</b> - Type and Nature of Experience:			
<b>TRAINING</b> - Name of Training Entities:			
➡ <b>Presenter/Instructor #3:</b> (List below name, education, experience and/or training <b>that qualifies the individual to present this program</b> )			
First/Middle/Last Name:			
License Information	License #:	Profession:	Guest Artist #:
	State of Licensure:		
<b>EDUCATION</b> - Name of Educational Institutions:			
<b>EXPERIENCE</b> - Type and Nature of Experience:			
<b>TRAINING</b> - Name of Training Entities:			